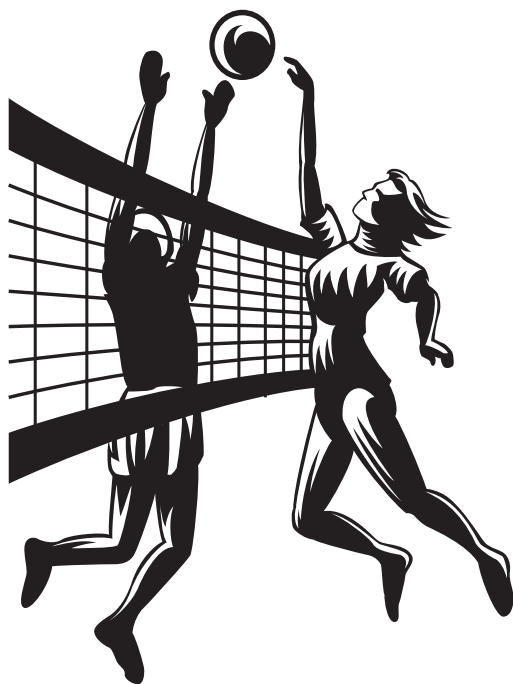




RECREATION DEPARTMENT

The Heart of the Neighborhood



2005 Coed Volleyball Workshop

Grades: 6 • 7 • 8

**Come learn about one of the most
popular sports in the world!**

**Learn the basics of volleyball &
improve your technique.**

Mondays • 6:30 - 8:30 pm

Chula Vista Community Center • 465 L Street, Chula Vista

Saturdays • 9:30 - 11:30 am

Parkway Gym • 385 Park Way, Chula Vista

First Class: Wednesday, Sept. 12

Last Class: Saturday, Nov. 12

Questions? Call Steve Scott at (619) 691-5084

The Chula Vista Elementary School District neither sponsors nor endorses this information, activity, or organization. Distribution of this material is provided by the District as a community service. Any questions or comments should be directed to the sponsoring agency.

REGISTRATION



MAIL-IN REGISTRATION:

August 8 - August 20

Registration postmarked before August 8, or after August 20 will not be accepted, and will be returned by mail. Space is limited to a certain number of players, so register as soon as possible. Once the league is filled, a waiting list will be established to fill vacant spots.

Mail to:
Recreation Department
City of Chula Vista
ATTN: Volleyball Workshop
276 Fourth Avenue, MS R-105
Chula Vista, CA 91910

WALK-IN REGISTRATION*:

August 29 - September 17

Parkway Gym
385 Park Way
3 - 7 pm, Monday - Friday

Incomplete registrations (no birth certificate, no authorized signature, etc.) will not be processed until the individual clarifies the incomplete information. Individuals who do not complete the information within ten (10) working days will be dropped from the program. Registrations with no fee included will be returned.

FEES:

\$30 Resident / \$38 Nonresident

Make Checks payable to: "City of Chula Vista."

Limited financial aid is available for qualified applicants. Request forms are available at the Parkway Gym. Applications will be accepted only through the mail-in registration procedure.

THERE WILL BE NO REFUNDS.

Our goal is to provide a safe and pleasant environment for your recreational enjoyment. Participants, parents, and spectators will be expected to follow the code of conduct at our facilities.

FILL OUT COMPLETELY - PLEASE PRINT

PARTICIPANT NAME		School	Male / Female	
Parent's Full Name		Home Phone:	Work Phone:	
ADDRESS		CITY	STATE	ZIP
Emergency Contact Name / Relationship:			Emergency Contact Phone:	
Child's Date of Birth:	/ /	Child's Height:	Child's Weight:	Fee Enclosed \$
Parent/Guardian: Are you interested in helping out?		YES	NO	

ACCIDENT WAIVER & RELEASE OF LIABILITY (AWRL)

READ, SIGN & DATE BELOW: (Unsigned waivers will cause your registration to be returned unprocessed.)

I _____ (REGISTRANT), and I _____* (REGISTRANT'S parent or guardian), acknowledge that this activity may be an extreme test of REGISTRANT's physical and mental limits and that it could result in death, injury and property loss. Risks may derive from terrain, facilities, water conditions, weather, condition of equipment, vehicular traffic, actions of others, lack of hydration, as well as other sources. I hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, has sufficiently trained for participation in this activity and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity holders, sponsors and organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activities. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the event holders, sponsors, directors and their agents or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's OR Parent/Guardian's Signature* _____ Date _____

*If the participant is under 18 years of age or legally incapacitated, the parent or guardian must also sign.

As a recipient of federal funds, the city of chula Vista cannot discriminate against anyone on the basis of race, color, sex, religion, national origin, age, mental or physical disability. If anyone believes he or she has been discriminated against, he or she may file a complaint alleging the discrimination with either the City of Chula Vista Recreation Department or the Office of Equal opportunity, US Department of the Interior, Washington, DC 20240.

OFFICE USE ONLY: Amount enclosed: \$ _____ Bank # _____ Check/Money Order # _____ City Receipt _____



Persons with special needs or accommodations are encouraged to participate in all programs. For assistance, please contact Carmel Wilson at (619) 409 5800 two weeks in advance of the program.

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